PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docke: Number 10/509357

1-												
Ŀ	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHE SMALL	R THAN
TOTAL CLAIMS							7	RATE	FEE	¬ .	RATE	FEE
	OR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	- 	OF	24616.55	ani
TOTAL CHARGEABLE CLAIMS			minus 20=					XS 9=		OF	XS18=	
INDEPENDENT CLAIMS			1 3	3 minus 3 = 3				X43=	 	OR	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	172
MULTIPLE DEPENDENT CLAIM PR			RESENT				- -	+145=	 	7		1/12
•	If the different	ce in column 1 is	s less than z	less than zero, enter "0" in column 2			L	TOTAL	 	OR OR	TOTAL	109
CLAIMS AS AMENDED - PART II								, , , , ,	L	_1 0,,		THAN
(Column 1)				(Column 2) (Column				SMALL	ENTITY	OR	SMALL	ENTITY
	1	CLAIMS	 	HIGHES		1	1 —			¬ ` `		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	•	Minus	**		=		XS 9=.		OR	X\$18=	
AME	Independent	ENTATION OF M	Minus	PENDENT C	1 0184	=		X43= ·		OR	X86=	
<u></u>	11.110111120	·	OLTIF CE DE	- ENDERT CI	CATIVI			+145=		OR	+290=	-
							<u> </u>	TOTAL		┨╴╴╏	TOTAL	
							AD	DIT. FEE		JOR ,	ADDIT. FEE	
		(Column 1)		(Column	21	(Column 3)						
		CLAIMS		HIGHEST		(COIGHTH OF			400:	1 r		
8		REMAINING	i	NUMBER	۹	PRESENT	1.		ADDI-	1 1		ADDI-
N		AFTER	ĺ	PREVIOUS	- 1	EXTRA	'	RATE	TIONAL	İİ	RATE	TIONAL
ME		AMENDMENT		PAID FOR	4				FEE	ł ł		<u>FEE</u>
AMENDMENT	Total	•	Minus	** '		=	;	XS 9=		OR	X\$18=	
AM	Inoependent FIRST PRESE	NTATION OF MU	Minus	ENDENT CI	AIM		L	X43=		OR	X86=	
1				ZINDEW GE		<u> </u>	. +	145=		OR.	+290=	
		••	•			•		TOTAL		OR .	TOTAL	
		(Column 1)		(Caluma (3 1. /	· · · · · · · · · · · · · · · · · · ·	ADL	DIT. FEE L		I. = · · · A	ODIT. FEE L	
-		CLAIMS	·	(Column 2 HIGHEST		(Column 3).		· ·		_		
ENIC	-	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSL PAID FOR	_Y	PRESENT EXTRA	F		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
AMENUMEN	Total	*	Minus	**	:	=	X	\$ 9=		OR	X\$18=	
E L	Independent		Minus	***		=	X	43=		<u> </u>	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u> </u>			OR L		
							+1	145=		OR	+290=	
⊶ If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							TOTAL IT. FEE		OR A	TOTAL ODIT. FEE	
TI	ne "Highest Numl	nber Previously Paid ber Previously Paid	For (Total or I	SPACE is less Independent) is	s than i	3, enter *3.* ighest number f			opriate box			